



UNITED STATES PATENT AND TRADEMARK OFFICE

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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 8674

| | | | | |
|---|---|-------------------------------|---|--------------------------------|
| SERIAL NUMBER 09/303,673 | FILING DATE 05/03/1999 RULE | CLASS 606 | GROUP ART UNIT 3739 | ATTORNEY DOCKET NO. |
| APPLICANTS J.T. LIN, ORLANDO, FL; | | | | |
| ** CONTINUING DATA ***** | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/20/1999 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials | | STATE OR COUNTRY FL | SHEETS DRAWING 3 | TOTAL CLAIMS 19 |
| | | | | INDEPENDENT CLAIMS 2 |
| ADDRESS J. T. Lin Surgilight, Inc. 12001 Science Drive Suite 140 Orlando ,FL 32826 | | | | |
| TITLE REFRACTIVE SURGERY AND PRESBYOPIA COREECTION USING INFRARED AND ULTRAVIOLET LASERS | | | | |
| FILING FEE RECEIVED 380 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |

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|-----------------------------|-------------------------|--------------|------------------------|---------------------|
| SERIAL NUMBER 09/303,673 | FILING DATE 05/03/99 | CLASS 606 | GROUP ART UNIT 3739 | ATTORNEY DOCKET NO. |
|-----------------------------|-------------------------|--------------|------------------------|---------------------|

APPLICANT

J.T. LIN, WINTER SPRINGS, FL.

CONTINUING DOMESTIC DATA***
VERIFIED

None A

371 (NAT'L STAGE) DATA***
VERIFIED

None A

FOREIGN APPLICATIONS***
VERIFIED

None A

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/20/99 ** SMALL ENTITY **

| | | | | | |
|---|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY FL | SHEETS DRAWING 3 | TOTAL CLAIMS 19 | INDEPENDENT CLAIMS 2 |
| Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u> | | | | | |

ADDRESS

J T LIN
7055 UNIVERSITY BLVD
WINTER PARK FL 32792

TITLE

REFRACTIVE SURGERY AND PRESBYOPIA CORECTION USING INFRARED AND
ULTRAVIOLET LASERS

| | | |
|----------------------------------|---|---|
| FILING FEE RECEIVED \$380 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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